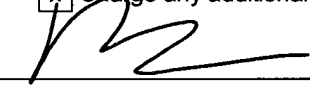


05-04-05

3738 \$870

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 56876(45579) | |
|--|---|---|-----------------------------------|------------------------------|---------------|
| Application No. 10/057,112-Conf. #1887 | | Filing Date January 25, 2002 | | Examiner Not Yet Assigned | |
| | | | | Art Unit N/A | |
| Applicant(s): Peter Storgaard et al. | | | | | |
| Invention: IN VITRO REPAIR OF BONE AND/OR CARTILAGE DEFECTS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | | - 20 = | | x | |
| Independent Claims | | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within second month | | | | | 225.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 225.00 |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 450.00 . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Peter F. Corless Attorney Reg. No.: 33,860 EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444 | | | | Dated: May 2, 2005 | |



Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV438998349US in an envelope addressed to:

MS Amendment
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P.O. Box 1450
Alexandria, VA 22313-1450

on May 2, 2005
Date

Signature

Peter F. Corless

Typed or printed name of person signing Certificate

N/A

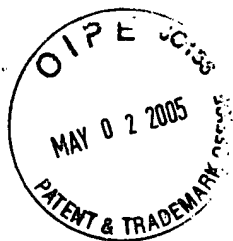
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PTO/SB/08a/b (1 page) (4 References)
Information Disclosure Statement (2 pages, in duplicate)
Transmittal (1 page)
Return receipt postcard
Copy of European Search Report (8 pages)



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Attorney Docket No. 56876 (45579)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: K. Osther et al.

EXAMINER: Miller, Cheryl L.

U.S.S.N.: 10/057,112

GROUP: 3738

FILED: January 25, 2002

CONF. NO.: 1887

FOR: IN VITRO REPAIR OF BONE AND/OR CARTILAGE DEFECTS

.....

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

AMENDMENT

Applicants are in receipt of the Office Action dated November 1, 2004. Please consider the remarks in regard to the above-identified application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.